

Student Organization Banking

OSL → ASI → Foundation

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1. Understanding Your Account And The Relationship Between OSL, ASI, and Foundation

1. Where To Start: OSL
2. Where Do I Find My Forms? On The Foundation Website: <https://www.csudhfoundation.com/> Click on Forms at the top.

About Us ▾ Policies Forms Dining ▾ Human Resources ▾ More Services ▾ 🔍

You will then be brought here:



Click here to find your forms:

1. Who Do I Go To With Questions About My Account? ASI will assist in helping you fill out paperwork and with any questions you have about your account including balances and what expenditures are allowable. ASI is like your bank teller, Foundation is the institution holding your money.
4. What If I Don't Remember My Account Name or Number? Accounts are listed on the Foundation website under your Student Clubs and Orgs page "ASI Account Listing": <https://csudhfoundation.com/services/financial-services/student-organizations-and-clubs-asi-accounts/>

How To Set Up A New Account

WHAT YOU NEED:

1. Name of your club
2. The date you fill out the application.
3. The date three years from the date you fill out the application
4. Fill out to the best of your knowledge. ASI can help.
5. Only authorized signers will have access to this account.
Make sure to have all individuals you wish to have access to your account print and sign their name here. Do not forget to provide email addresses.
6. OSL must approve this form. After receiving approval bring this Form to ASI. ASI will route to Foundation. Foundation will send a confirmation memo to all account signers.

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS
FOUNDATION

Student Organizations Club Account Application
FORM MUST BE FILLED OUT IN FULL

FOUNDATION USE ONLY
Account: _____ Fund: _____ Function: _____ Division: _____ Officer: _____ Entity: _____ School: _____

The account will automatically expire three years from the date of its opening, at which point any remaining funds will be disposed of in accordance with the account application. Account holders must renew their accounts prior to expiration.

APPLICATION TYPE: ☐ New Account ☐ Close Account

ACCOUNT INFORMATION

Name of Account _____ Name College/School or Division _____

New/Renewal/close date _____ End Date (Maximum three years) _____

Describe Source of Funds _____ Student Club Funds

ALLOWABLE EXPENDITURES

☐ Community Relations ☐ Stipends ☐ Equipment ☐ Salaries/Benefits ☐ Travel ☐ Other

A. Were these funds received through a philanthropic grant? Yes ☐ No ☐

B. Is the income on this account derived from the use of campus facilities and/or personnel? Yes ☐ No ☐

C. Will this account be used solely in connection with sponsored programs or grants? Yes ☐ No ☐

D. Were these funds received from a closed out grant/contract? Yes ☐ No ☐

Please provide a justification/purpose for the account in the box below:

DISPOSITION OF UNEXPENDED FUNDS
If the account is closed for any reason, state where any remaining funds should be transferred. If no destination is specified and no donor restrictions exist, the disposition of any funds remaining upon dissolution of the account will be left to the discretion of the appropriate Dean or Vice President.
See ASI Bylaws

PREPARED BY (If preparer is an authorized signer, preparer must also sign below)

Name _____ Email _____ Phone _____

AUTHORIZED ACCOUNT SIGNERS

Name (Print) _____ Signature _____ Student ID# _____ Date _____

Email Address: _____

CHANGING SIGNERS ON AN ACCOUNT

WHAT YOU NEED:

1. Fill out an updated signature form

2. Your account name

3. Your 4 digit account number

4. Only authorized signers will have access to this account.

This form replaces any previous signatures on previous applications. Make sure to have ALL individuals you wish to have access to this account sign here.

5. OSL must approve this form. After receiving approval bring this Form to ASI. ASI will route to Foundation. Foundation will send a confirmation memo to all account signers.



UPDATED SIGNATURE FORM
STUDENT CLUB ORGANIZATIONS

Foundation Account Name: Account Number: Effective Date:

This account will automatically renew once submitted and expire three years from the date of its submission, at which point any remaining funds will be disposed of in accordance with the account application type. Account holders must renew their accounts prior to expiration.

Account Information

This agreement is used to add, change or delete authorized signers who can approve expenditures related to this account. By signing this agreement, the account director agrees to be responsible for the programmatic and financial management and conduct of this account. The individuals listed below certify that all expenditures will be in compliance with the educational mission of the University, the policies and procedures of the Foundation, and the restrictions imposed. If the signature authority is delegated to other individuals, it is understood that the account director will be responsible for all expenditures relating to this account.

Please add the following additional signer(s) on the listed account(s) above for the following period:

☐ For the entire period

☐ For the period only (start date)

(end date)

Please note that it is the account director's responsibility to manage and maintain the understanding of this account.

You as the account director may delegate signature authority for the following:

- Deposits of funds
- University charge-back invoices
- Travel w/explanation & approval
- Payroll expenses
- Purchases of goods & services
- Budget transfer

Any persons wishing access to this account must be an authorized account signer below. All past Signature Applications will be void with the acceptance of this application. This account will still be governed by the terms of the original Account Application.

AUTHORIZED ACCOUNT SIGNERS

Name (Print)	Signature	Student ID#	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address:

AUTHORIZED ACCOUNT SIGNERS

Name (Print)	Signature	Student ID#	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address:

Accounts Expire Every Three Years and Must Be
Renewed

FOUNDATION MEMO

**You will receive a memo that looks like this once
your account is established or renewed.**

IMPORTANT INFORMATION:

KEEP FOR YOUR RECORDS

Your 4 digit account number will be noted here

Your account name will be noted here

**Accounts expire every three years and must be renewed to remain
open**



1000 East Victoria Street Carson, Ca 90747 (310) 243-3306

Date: 3/14/2018

To: Michellena Lakey

From: Jinna Matzen

Subject:

This letter is to inform you that a campus program account has been renewed/revised per your request. Please note the following information and keep it for future reference.

Account Number:

Account Name:

Expiration Date:

Your account number specifically identifies your account. Object codes denote what type of income or expense is coming or going out of your account. Please refer to the chart of accounts when making transactions.

If you have any questions, please feel free to reach out to Donisha Quiller at extension 310.243.3686 or dquiller1@csudh.edu

Jinna Matzen
Manager, Business Process Improvement, Customer and Board Relations
California State University, Dominguez Hills Foundation
1000 East Victoria Street, SCC 202 | Carson, CA 90747
(310) 243 - 3244 | jmatzen@csudh.edu

CSUDH FOUNDATION

Travel Forms

WHAT YOU NEED:

1. Your account name

2. Your 4 digit account number

3. Traveler Information and Purpose of trip

4. All students must fill out and turn in a travel waiver prior to traveling. Reimbursements will NOT be honored if a waiver and proper authorization is not received prior to travel.



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS
FOUNDATION

STUDENT TRAVEL WAIVER/AUTHORIZATION TO TRAVEL

You are currently participating in a California State University Dominguez Hills Foundation affiliated program which requires air and/or ground transportation.

Air and ground travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University Dominguez Hills Foundation assumes no liability for damage, injury, and death which may occur during air and/or ground travel required by the California State University affiliated programs. Your participation in the program is voluntary, and you participate at your own risk.

An "Authorization Travel Advance Form" must be signed and approved prior to travel. If this form is not submitted prior to travel, reimbursement requests will NOT be honored.

Prior to undertaking a CSU affiliated air and/or ground travel, you will be required to sign a "Release, Hold-Harmless and Informed Consent" statement. Please review the statement carefully before signing it. If this form is not received complete prior to travel, reimbursement requests will NOT be honored.

Authorization to Travel

Foundation Account Name: _____

Foundation Account Number: _____

Traveler Information

Name

Phone

Departure Date

Return Date

Purpose of Trip

Traveler Signature/Date

Authorized Account Signer Approval/Date

REQUESTING A TRAVEL ADVANCE

WHAT YOU NEED:

Traveler information needed

Your account number

Backup Documentation Needed

Print & Attach

1. Conference registration confirmation if asking for an advance for a conference
2. Hotel confirmation needed if asking for an accommodation advance
3. Transportation confirmation quote

***To pay vendor directly, complete lower portion of form (attach quote, receipt, etc.)**

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS
FOUNDATION

Student Club Org. Travel Advance
(For International trips, please fill out International Travel Request Form)

☐ Student (requires waiver) ☐ Other: _____
☐ University/Foundation Employee

TRAVELER INFORMATION

Name _____ Phone _____
Departure Date _____ Return Date _____

IMPORTANT NOTICE
*Student Travel Must Complete Waiver For Travel. See Student Waiver/Authorization to Travel Form
*Advisor Travel Must Receive Supervisor's Approval Below. This Form Must Be Turned Into Foundation Prior To Travel.

Purpose of Trip _____

DESTINATION
Use the "Add" button to add an additional location
City _____ State _____
Account Number _____ Object Code _____ Amount Charged _____

ACCOUNT INFORMATION
Use the "Add" button to add an additional account

ADVANCE (Complete If requesting an advance prior to trip)

*Only claim meals that are allowable in the travel policy	Number of Days	Meal Totals (Max is \$55 Per Day)	Amounts Payable to Traveler	Amounts Payable to Other
Breakfast				
Lunch				
Dinner				
Lodging:				
Transportation:				
Conference Registration:				
Other (Specify):				
			Add Line	
Totals:				
Only 80% Advance provided to Traveler:			\$0.00	

☐ Mail Advance to Address: _____ ☐ Call Ext: _____ for pickup. ☐ Direct Pay (Must be Enrolled)

If advance for lodging, transportation, or conference registration are to be made payable to a payee other than the traveler, provide payee information:

TRAVEL REIMBURSEMENT/ RECONCILING

MUST COMPLETE FOR REIMBURSEMENT & TO RECONCILE AFTER A TRIP EVEN IF YOU RECEIVED AN ADVANCE & DO NOT WANT A REIMBURSEMENT.

WHAT YOU NEED:

1. Traveler information needed

2. Destination Needed. Use "Add" button to input multiple Destinations.

3. Your account number

4. Backup Documentation Needed.

ATTACH ALL RECEIPTS

***FOR INTERNATIONAL TRAVEL SEE ASI FOR FORMS & INFORMATION**



TRAVEL EXPENSE REIMBURSEMENT/TRAVEL ADVANCE RECONCILIATION

This form must be completed after travel for all travelers.

TRAVELER INFORMATION

Name Phone Departure Date Return Date
Has there been a Travel Request form filled out for this trip? ☐ Yes ☐ No ☐ Student (requires waiver) ☐ Volunteer ☐ University/Foundation Employee

DESTINATION

Use the "Add" button to add an additional location.

City State

ACCOUNT INFORMATION

Use the "Add" button to add an additional account.

Account Number Object Code Amount Charged

ITEMIZE TRAVEL EXPENSE CLAIM

Itemize **actual** expenses for **each** day of travel (use additional forms if necessary). Attach **original** receipts for all items. Refer to Foundation Travel Policy available on www.csudhfoundation.org for current travel allowances.

Date:								Totals
Breakfast:								
Lunch:								
Dinner:								
Incidentals:								
Lodging:								
Conference Registration:								
Transportation - Airfare:								
Transportation-Other Specify:								

Mileage Attach Google Maps or Mapquest driving directors with addresses.

From:								
To:								
Miles:								Totals
Amount (rate x miles):								
Other:								

Total:

CHECK REQUEST

WHAT YOU NEED:

1. Enter Payee Information. Name to which the check will be made payable.

2. Payee's mailing address if check is to be mailed.


3. Payment amount- Total amount to be paid to payee

4. Account number & Object code: Object codes organize your funds, a list of codes can be found on the Foundation website.

5. Must complete Description/Justification for payment.

6. Enter your contact information

ATTACH INVOICE FOR PAYMENT OR RECEIPT FOR REIMBURSEMENT. REMEMBER AN AUTHORIZED ACCOUNT SIGNER NEEDS TO APPROVE. IF THE PAYMENT IS A REIMBURSEMENT, THE AUTHORIZED ACCOUNT SIGNER'S SUPERVISOR MUST ALSO APPROVE.

 CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS
FOUNDATION

PAYMENT (CHECK) REQUEST
ATTACH ORIGINAL SUPPORTING DOCUMENTATION ?
FORM MUST BE FILLED OUT ELECTRONICALLY THEN PRINT AND SIGN

FOUNDATION USE ONLY DATE PRINTED: Mar 22, 2018 ACCOUNT BALANCE: PEID:

NAME

DATE

☐ INDIVIDUAL ☐ CORPORATION/INCORPORATION

ADDRESS

STREET

CITY

STATE

ZIP

PAYMENT INFORMATION
IS THIS PAYMENT (CHECK) REQUEST FOR SERVICE? IS THIS PAYMENT FOR COMMUNITY RELATIONS?

Add Account Remove Account

Foundation Account #

Object Code

Amount charged to this account:

DESCRIPTION/JUSTIFICATION
PLEASE PROVIDE A DESCRIPTION/JUSTIFICATION OF THE EXPENDITURE(S)

CHECK DISTRIBUTION PREFERENCES
☐ MAIL CHECK TO ADDRESS LISTED ABOVE ☐ CALL ☐ N/A (DIRECTPAY) ☐ OTHER

FOR QUESTIONS REGARDING THIS CHECK REQUEST, FOUNDATION SHOULD CONTACT:

NAME EMAIL EXTENSION DEPARTMENT

SIGNATURES

PURCHASE ORDERS (PLACING AN ORDER WITH A VENDOR)

This Form can be used for any vendor that accepts purchase orders. You will need to confirm with the vendor.

WHAT YOU NEED:

1. For purchases under 5000, no quotes are necessary. Simply complete the "description/justification" portion of this form.
2. Fill in Vendor Name and Address.
3. Your Purchase Order # will be issued by Foundation.
4. Make sure to fill out your information at the bottom of this page to ensure you are notified of the issued purchase order.

*For purchases over \$5,000 contact ASI for further instructions

PURCHASE ORDER

EEO/AA Employer
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION
1000 E. VICTORIA STREET, CARSON, CALIFORNIA 90747
(310) 243-3306

Date

P.O.#

Vendor Information:

Name

Address

Phone #

Contact

Fed Tax ID #

Delivery Date

Vendor deliver to:
Receiving Dept.
CSU Dominguez Hills
1000 E. Victoria Street
Carson, California 90747

Send invoice in duplicate to:
CSUDH Foundation
1000 E. Victoria Street
Carson, California 90747

NOTE:
This purchase order number must appear on all invoices, packages, and shipping papers.

Quantity	Unit	Description / Justification	Unit Price	Total Price

INDEPENDENT CONTRACT FORM (FOR SPEAKERS, PERFORMERS, OR OTHER SERVICES)

WHAT YOU NEED:

1. Independent Contractor Packet must be filled out by the person you are hiring.



INDEPENDENT CONTRACTOR APPROVAL FORM

INDEPENDENT CONTRACTOR INFORMATION (To Be Filled Out By Contractor)

Name

Address

Company Name (If Applicable)

Street

City

State

Zip

Social Security Number

Federal Employer ID #

E-Mail

Phone

Sole Proprietor?

☐ YES ☐ NO

If yes, provide both SSN and FEID # above and complete fields "Name" and "Company Name."

Incorporated?

☐ YES ☐ NO

If yes, type? ☐ Medical ☐ Exempt ☐ Other

Term of Engagement (Dates of Performance)

Add Date

Remove Date

Starting Date

Ending Date

Description of Services To Performed (Attach Additional Pages If Necessary)

Location Where Services Are To Be Performed:

Do you have regular employment?

☐ YES ☐ NO

Is your residences outside the state of California?

☐ YES ☐ NO

PAYMENT SECTION

Fee is calculated based on:

Enter # of

☐ Hour(s)

☐ Day(s)

☐ Task(s)/Project

Rate per Hour /Day /Task

AGREEMENT OF INDEPENDENT CONTRACTOR/CONSULTANT

CATERING EXCEPTION

ARE YOU HAVING AN EVENT OR FUNDRAISER THAT INVOLVES FOOD?
IF SO FILL OUT THIS FORM.

ALL FOOD EVENTS MUST USE CAMPUS DINING UNLESS AN EXCEPTION
IS GRANTED.

WHAT YOU NEED:

1. YOUR CLUB NAME

2. IF YOU NEED A CATERING EXCEPTION GIVE THE JUSTIFICATION

3. IF YOU ARE HAVING A POTLUCK OR BAKE SALE THIS FORM
NEEDS TO BE FILLED OUT.

SUBMIT ALL FORMS TO ASI

CATERING EXCEPTIONS REQUIRE APPROVAL FROM
CAMPUS DINING

California State University, Dominguez Hills Foundation REQUEST FOR EXCEPTION FROM CATERING POLICY ON CAMPUS ENTITY

NAME OF ON CAMPUS ORGANIZATION:	NAME OF INDIVIDUAL TO CONTACT:
DATE OF EVENT:	TIME OF EVENT:
NAME OF EVENT:	CAMPUS LOCATION OF EVENT:

THIS FORM MUST BE SUBMITTED TO THE OFFICE OF THE STUDENT UNION **TWO WEEKS (14 DAYS) PRIOR TO THE EVENT**

☐ **CATERING EXCEPTION (MUST BE COMPLETED IN FULL) FOR USE BY ON CAMPUS ENTITIES ONLY.**

Complete the following section if requesting a **CATERING EXCEPTION**.

Reason an exception is being requested (budget issues will not automatically gain approval-you may need to adjust quantities, items or #'s)

Proposed Caterer	Proposed Budget for this event
Caterer:	
Address:	
Phone Number: License Number:	
(Estimate if Necessary)	

☐ **POTLUCK**

ITEMS ARE CONSIDERED HOME PREPARED & MEET ALL SERVING GUIDELINES

Complete the following section if requesting exception for a **POTLUCK** or **BAKE SALE / FOOD SALE REQUEST** only. Check the appropriate box (above) to indicate the type of exception (either Potluck or Bake Sale) being requested.

- or - ☐ **BAKE SALE / FOOD SALE (FUNDRAISING)**

ITEMS MUST BE PROPERLY SERVED IN WRAPPED OR COVERED CONTAINERS - SEALED

Food items including condiments (be specific):

Location where food will be prepared:

Storage of perishable food during transport:

Methods of keeping hot foods hot/cold foods cold during service:

All foods must be maintained at a temperature of below 45° F degrees for cold foods and 140° F degrees or above for hot foods.

Non-perishable foods are: Fruit pies, doughnuts, bread, cookies, candies, cakes without custard or whipped cream icing or filling, pretzels, soft drinks, punch, fresh or commercially canned fruit, and peanut butter. Any food high in protein, such as milk and meats, is considered perishable and potentially hazardous. DO NOT store or serve acid base foods such as punch, canned fruit, or fruit juices in galvanized containers because a poisonous by product will be formed.

AGREEMENT: For the privilege of selling food on campus, the applicant organization agrees to comply with the rules governing food sales